JB	DOGM	M/C	15/	041
		_	-	THE PERSON NAMED IN COLUMN 1

SENDER: Complete items 1 and 2 when additional services are desired, and complete it 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)				
3. Article Addressed to:	4. Article Number P 074 978 972			
PHILLIP M PALMER DIAMOND K 234 N 500 W RICHFIELD UT 84701	Type of Service: Registered Insured Certified COD Express Mail Tor Merchandise			
KICHTEED OF 04701	Always obtain signature of addressee or agent and DATE DELIVERED.			
5. Signature - Address X Rayen Palmer	8. Addressee's Address (ONLY if requested and fee paid)			
6. Signature — Agent X				
7. Date of Delivery				

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.





PENALTY FOR PRIVATE USE, \$300

RETURN

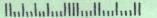
TO

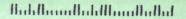


Print Sender's name, address, and ZIP Code in the space below.

STATE OF UTAH
NATURAL RESOURCES
OIL, GAS, & MINING
3 TRIAD CENTER, SUITE 350

SALT LAKE CITY, UTAH 84180-1203





P 074 978 972

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to PHILLIP M PALMER DIAMOND K

Street and No.

234 N 500 W

P.O., State and ZIP Code

RICHFIELD U

Postage

Certified Fee

Special Delivery Fe

Return Receipt showing to whom and Date Delivered

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees

Postmark or Date

JB (I

) M/01

M/015/041

1/5/9

PS Form 3800,